Patent Attorney's Docket No. 030560-056

IN	THE UNITE) STATES	PATENT	AND TR	ADEMARK	OFFICE
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RECEIVED GENTRAL FAX CENTER MAILSTOP: RCE In re Patent Application of Andreas BERNKOP-SCHNÜRCH Group Art Unit: 1617 APR 2 0 2005 Application No.: 09/830,986 Examiner: Shahnam Sharereh Confirmation No.: 7285 Filed: May 3, 2001 MUCO-ADHESIVE POLYMERS, USE THEREOF AND METHOD FOR

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL LETTER

MAIL STOP RCE .

Commissioner for Patents . P.O. Box 1450.

Alexandria, VA 22313-1450

PRODUCING THE SAME

Customer No. 2 1 8 3 9

Sir:

	Applicant(s)	requests continued examination under 37 C.F.R. § 1.114 and 6	inclose the
[X]	\$385.00 (2801)	[] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).	

- Applicant(s) requests that any previously unentered after final amendments not be 1. [] A. entered. Continued examination is requested based on the enclosed documents identified in item 2 below. Applicant(s) previously submitted the following documents for which continued [X] B. examination is requested: [X] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on <u>December 8, 2003</u>. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _ [] Other: 2. The following documents are enclosed with this submission: Amendment/Reply. [] Affidavit(s)/Declaration(s).
 - [] Information Disclosure Statement (IDS).

Petition for Extension of Time. [XI Other: []

3. Small entity status is hereby claimed.

> No additional claim fee is required. The fee is calculated below on the basis of the highest number of claims already paid DQ

04/26/2005 NPEOPLES 00000003 for in this application prior to this submission:

01 FC:2801 395.00 56

(10/03)

PAGE 25° RCVD AT 4/20/2005 12:49:27 PM [Eastern Daylight Time] "SVR:USPTO-EFXRF-1/2" DNIS:8729306 "CSID: "DURATION (mm-ss):0146

Request for Continued Examination Transmittal Letter
Application No. 09/830,986
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CLAIMS								
	No. OF CLAIMS	Highest No. of Claims Thus Paid For	EXTRA CLAIMS	RATE	Fee			
Basic Fee								
Total Claims	82 °	MINUS 82 =	-0-	× \$18.00 (1202) =	-0-			
Independent Claims	16	MINUS 15 =	-1-	× \$86.00 (1201) =	\$86.00			
If multiple dependent	claims are p	resented, add \$290.0	00 (1203)					
Total Fee								
If small entity status is claimed, subtract 50% of Total Fee								
TOTAL FEE DUE					\$428.00			

- 4. [X] A check in the amount of \$ 428.00 is enclosed for the fee due.
- 5. [] Charge \$_____ to Deposit Account No. 02-4800 for the fee due.
- 6. [] Applicant(s) requests suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: February 9, 2004

Susan M. Dadio

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(10/03)